

# Foster Family Home - Corrective Action Report

Provider ID: 1-150079

Home Name: Zeny Agonoy, CNA

Review ID: 1-150079-7

94-447 Kahualena Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 11/8/2019

## Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1)Current Ecrim missing for CG # 3 and 4

## Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5) no signature from CG # 2 on their confidentiality policies and procedures and client privacy rights.

## Foster Family Home Fire Safety [11-800-46]

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2)no documentation of fire drills in 2019

## 3 Person Fire Safety, 3 Person Fire Safety (3P) Fire Natural Disaster

(3P)(b)(5) Fire shall be documented in a log with the date and time of each drill, the time it took to complete the evacuation, and names of participants

Comment:

(3P)(b)(5) Fire: no documentation of monthly fire drills in 2019

## Foster Family Home Fiscal Requirements [11-800-52]

52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

52.(c) All fiscal related material shall be maintained by the home in accordance with generally accepted accounting principles, in form conducive to sound and efficient fiscal management and audit.

Comment:

52.(b)52.(c) No documentation of monthly budget in binder for 2019

# Foster Family Home - Corrective Action Report

Foster Family Home

Client Rights

[11-800-53]

53.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

Comment:

53.(a)no documentation of clients rights reviewed with client /POA and copy given for client # 1 and #2

Foster Family Home

Records

[11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5) Medication Administration record does not match current client meds; missing PRN meds for Client #1

Alhambeblari  
Compliance Manager

[Signature]  
Primary Care Giver

11/8/19  
Date

11/18/19  
Date

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: **Zeny Agonoy**

CCFFH Address: **94-447 Kahualena Street Waipahu HI 96797**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8(a)(1)	Lapse in ECRIM cannot be corrected. ECRIM was obtained for CG # 3 and CG # 4 on 12/09/19	12/09/19	I will create a notification reminder on my phone for due dates of criminal history record checks for each caregiver
16 (b) (5)	Case management agency provided a copy of the signed confidentiality procedures and client privacy training for caregiver # 2 I have placed it in home binder	12/10/19	With each new caregiver I will immediately request confidentiality procedures and client privacy training signed paper from case management agency
46(b) 2 and 3P (b) 5	I have located the missing fire drills and are now present in the home binder	11/25/19	Monthly fire drill paper will be entered directly into the home binder

Primary Caregiver's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

*Zeny Agonoy*

*Zeny Agonoy*

*12/16/19*

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: **Zeny Agony**

CCFFH Address: **94-447 Kahualena Street Waipahu HI 96797**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
52 (b) and 52 (c)	Lapse in monthly budget cannot be corrected. A monthly budget has been completed and is now in the home binder	11/25/19	I will create a notification on my phone weekly as a reminder to update monthly budget
53 (a)	Lapse in documentation of clients rights being reviewed with client / POA for client # 1 and client # 2 cannot be corrected.  Client rights were reviewed with client # 1 client # 2 and POA of client #1 and # 2 and documented and signed in home binder	12/01/19	Each new client will have clients rights reviewed and signed documents in binder on day 1 of admission
54(c) 5	Lapse in accurate medication administration record cannot be corrected. Current and accurate medication administration record has been received from case management agency and followed	12/01/19	I will request updated medication administration record from case management agency with each new or discontinued medication. I will update record by hand until received from case management agency

Primary Caregiver's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

*Zeny Agony*  
12/16/19